How To Fill Out New Employee Forms

Form I-9 Employment Eligibility Verification, Form W-4, Form WH-4 County Withholding, & Payroll Direct Deposit

Department of Homeland Security U.S. Citizenship and Immigration Services

OMB No. 1615-0047; Expires 08/31/12 Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

ection 1. Employee Information and	First	го ов сотринева ап		ial Maiden Name
uit Name. Last	FUSI		Middle Ini	iai Maiden Name
dress (Street Name and Number)			Apt.#	Date of Birth (month/day/year)
ty	State		Zip Code	Social Security #
am aware that federal law provides	for	I attest, ur	der penalty of perjury,	that I am (check one of the following):
prisonment and/or fines for false st		A cit	izen of the United State	5
se of false documents in connection v		A no	ncitizen national of the	United States (see instructions)
mpletion of this form.	A la	wful permanent residen	(Alien#)	
		An a	lien authorized to work	(Alien # or Admission #)
		until	(expiration date, if app	licable - month/day/year)
iployee's Signature		Date (mo	onth/day/year)	
eparer and/or Translator Certificat nalty of perjury, that I have assisted in the comp	ion (To be comple	eted and signed if Sectio	n 1 is prepared by a pe	rson other than the employee.) I attest, under
Preparer's/Translator's Signature	wellon of this form		Name	ation is true and correct.
Preparet s Translator s Signature		Filli	Name	
Albert Court Version (Version Court	State To Code			Data (worth/dankson)
Address (Street Name and Number, City	, State, Zip Code)			Date (month/day/year)
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Form I-9 Employment Eligibility Verification

• This form is used to document that each new employee (both citizen and noncitizen) is authorized to work in the United States.

	LIS	TS OF ACCEPTABLE DOCUME. All documents must be unexpired	NTS
	LIST A Documents that Establish Both Identity and Employment Authorization O	LIST B Documents that Establish Identity R	LIST C Documents that Establish Employment Authorization AND
	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	 Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 	Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
3.	Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-	ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as	Certification of Birth Abroad issued by the Department of State (Form FS-545)
	readable immigrant visa	name, date of birth, gender, height, eye color, and address	Certification of Report of Birth issued by the Department of State (Form DS-1350)
4.	Employment Authorization Document that contains a photograph (Form	3. School ID card with a photograph	(Form 25-1550)
	I-766)	4. Voter's registration card	Original or certified copy of birth certificate issued by a State.
5.	In the case of a nonimmigrant alien authorized to work for a specific	5. U.S. Military card or draft record	county, municipal authority, or territory of the United States
	employer incident to status, a foreign passport with Form I-94 or Form	6. Military dependent's ID card	bearing an official seal
	I-94A bearing the same name as the passport and containing an endorsement of the alien's	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	nonimmigrant status, as long as the period of endorsement has not yet	8. Native American tribal document	
	expired and the proposed employment is not in conflict with any restrictions or limitations	Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)
б.	identified on the form Passport from the Federated States of	For persons under age 18 who are unable to present a document listed above:	 Identification Card for Use of Resident Citizen in the United States (Form I-179)
	Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating	10. School record or report card	Employment authorization document issued by the
	nonimmigrant admission under the Compact of Free Association	11. Clinic, doctor, or hospital record	Department of Homeland Security
	Between the United States and the FSM or RMI	12. Day-care or nursery school record	

I-9, Documents

- If you chose a document from LIST B, you must provide a current photo ID
- Employer must supply either one document from List A; OR two documents: one from List B
 AND one from List C.

I-9, Section 1

Department of Homeland Security U.S. Citizenship and Immigration Serv	ices		OMB No. 1615-0047; Expires 08/31/12 Form I-9, Employment Eligibility Verification
specify which document(s) they v future expiration date may also	ICE: It is illegal to discr vill accept from an emplo onstitute illegal discrimi	iminate against work-authorized yee. The refusal to hire an indiv nation.	individuals. Employers CANNOT idual because the documents have a
Section 1. Employee Information Print Name: Last	and Verification (To be o		at the time employment begins.) Maiden Name
Address (Street Name and Number) City	State	Apt. # Zip Code	Date of Birth (month/day/year) Social Security #
I am aware that federal law provimprisonment and/or fines for fause of false documents in conneccompletion of this form.	lse statements or	I attest, under penalty of perjury, that A citizen of the United States A noncitizen national of the United A lawful permanent resident (A An alien authorized to work (Al until (expiration date, if applica	ited States (see instructions) lien #) lien # or Admission #)
Employee's Signature		Date (month/day/year)	adj. your j

- Please complete and sign the highlighted portion of Section 1. Use your legal name as it appears on your Social Security Card, driver's license, and/or passport.
 - Please Note: If a preparer and/or translator is used, they must sign and date using their legal name as well.

I-9, Section 2 continued

- You do not need to fill out any part of this portion
- Employing officer must complete and sign this section.

Section 2. Employer Review and Verification examine one document from List B and one from expiration date, if any, of the document(s).)	n (To be complete m List C, as listed	d and signed by on the reverse	employer. Exami of this form, and	ne one document from List A OR record the title, number, and
List A O	R	List B	AND	List C
Document title:				
Issuing authority:				
Document #:				
Expiration Date (if any):				
Document #:				
Expiration Date (if any):				
employment agencies may omit the date the empl	e and to relate to t best of my knowle	he employee nan edge the employe	ned, that the emplo	oyee began employment on work in the United States. (State
Signature of Employer or Authorized Representative	Print Name			Title
Business or Organization Name and Address (Street Name	and Number, City, Sta	ite, Zip Code)		Date (month/day/year)
State of Indiana, 402 W. Washing	gton, Indian	apolis, IN	46204	

Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct tederal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding, if you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate 8. Your exemption for 2012 expires February 18, 2019, See Pub. 505, Tax Withholding and Delimated Tax.

Complete all worksheets that apply. However, you may blaim fewer (or zero) allowancies. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filling status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependently) of other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working apouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withfiolding usually will be most accurate when all allowances are claimed on the Form W-4. for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident allen. If you are a nonresident allen, see Notice 1392, Supplemental Form W-4 Instructions for Norresident Aliens, before completing this form.

Saso income Basic the Poworks with deduc	ption from withholding and includes more the ne (for example, inter- c instructions. If you ensonal Allowances wheels on page 2 furtholding allowances ba-	are not exempt, complete Worksheet below. The her adjust your and on itemized , adjustments to income,	withholding Blow/Briss. Or dependent care supernase a may be claimed using the 3 Worksheet below. See Put converting your other crediblewares. Norwage income. If you he norwage income. Hy you he norwage income. The consider making estimated to the 1040-LS, Safethed to the firm one own additional but if you have a distinct the control of the co	and the child tax on Personal Allowano b. 505 for informatic to into withholding see a large amount of femal or dividends, as payments using individuals. Otherate Individuals. Otherate	non having w on on for 2012. exceed Future d on RELgr www.itz, develope so, you	our withholding, a Pub. 505 to site this in the side on paras. See Pub. 505, as 190,000 (Single) a evelopments. The for information spoviest. Informatic sents affecting For a marched after wage.	to your proje pacially if your \$100,000 (e IRS has on about Form on about any rm W-4 (suc	sched total tax ur earnings (Married), sated a page W-4, at y tuture h as
_		Persona	Allowances Works	heet (Keep fo	r your records.)			
A	Enter "1" for you	arself if no one else can o		_	, ,			Δ
_	(You are single and have						
В	Enter "1" It:		only one job, and your s	noven done not	works or	l.		D
ь	EIIIM I II.					W are lower .		
	Color Billion	-	ond job or your spouse's t					
С		ur spouse . But, you may o			ind have either a w	orking spouse	or more	_
	man one job. (Er	ntering "-0-" may help yo	u avoiu naving too ittie ti	ix willingu.j .				c
D		dependents (other than						D
E	Enter "1" If you v	will file as head of house	hold on your tax return (s	see conditions u	nder Head of hous	sehold above)		E
F	Enter "1" If you f	have at least \$1,900 of oh	nild or dependent care e	expenses for wh	nich you plan to cla	im a credit .		F
	(Note, Do not in	clude child support paym	nents, See Pub. 503, Chili	d and Depender	nt Care Expenses, f	for details.)		
G	Child Tax Cred	t (including additional chi	lid tax creditj. See Pub. 9	72, Child Tax C	redit, for more infor	mation.		
	. If your total inc	come will be less than \$61	1,000 (\$90,000 if married)	, enter "2" for e	ach eligible child; ti	non less "1" if	you have t	three to
	savan aligible ch	illdran or less "2" if you h	ave eight or more eligible	children.				
1	. If your total inco	me will be between \$61,000	and \$84,000 (\$90,000 and	\$119,000 If marris	od), onter "1" for each	aligible child .		G
н		gh G and enter total here. (N			4-	-		н
_	For accuracy, complete all worksheets that apply.	 if you are single and earnings from all jobs a avoid having too little to 	have more than one job axoud \$40,000 (\$10,000)	or are married f married), see the	and you and your no Two-Earners/Mo	spouse both w utiple Jobs W	vork and the	ne combined on page 2 to
_		Separate here and o	give Form W-4 to your en	nployer. Keep th	e top part for your	records.		
Form	W-4		e's Withholding				OMB No.	1545-0074
	tment of the Treasury of Revenue Service		he IRS. Your employer may b				450	12
1	Your first name a		Lastrame			2 Your social	accurity re	umber
1 —	Home address (n	umber and street or rural route		3 Single	Married Marrie	et but withhold a	f Nober Sino	de rate.
					d legally separated, or spo			
1 —	City or lown, state	s, and ZP code			one differs from that a			
1					You must call 1-900-7			
- 5	Total number of	of allowances you are cla	iming from Inc H above				5	
6		ount, if any, you want with	W 1		TOUCHS WOTHER !	ur bede vi	6 8	
7		tion from withholding for:			following condition	ne for avament	_	
٠.		ad a right to a refund of a			-			
		₩			4.			
		xpect a refund of all feder		ecause i expect	to nave no tax liab	ency.		
Ularita		th conditions, write "Exer	_	to the head of		7		name lake
und	a penanas or parju	ury, I declare that I have ex	armed this certificate and	, in the dest of fi	y knowledge and be	ese, a situe, o	uneut, and	complete.
	loyee's signature					Dates		
(This		nkas you sign it.) ►				Date⊁		
	Employer's rume	and address (Employer: Comp	plete thes 6 and 10 only if sen	ding to the IREL)	9 Office code (optional)	10 Employer's	dontfloation	number (EIN)
For	Privacy Act and Pa	aperwork Reduction Act I	Notice, see page 2.		Cat. No. 102200		Form	W-4 (2012)

Form W-4 Federal Withholding

 Complete Form W-4 so your employer can withhold the correct federal income tax from your pay.

W-4, Personal Allowances Worksheet

- You should fill out items A-H according to your personal financial situation and preference.
 - Please Note: Employers can assist in filling this section out, but cannot offer guidance in the amount of exemptions.

	Personal Allowances Worksheet (Keep for your records.)	
Α	Enter "1" for yourself if no one else can claim you as a dependent	
	You are single and have only one job; or	
В	Enter "1" if: You are married, have only one job, and your spouse does not work; or B	
	Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	
С	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more	
	than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E	
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit F	
	(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.	
	• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to	0
	seven eligible children or less "2" if you have eight or more eligible children.	
	• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child G	
Н	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) > H	
	• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions	
	For accuracy, and Adjustments Worksheet on page 2. complete all If you are single and have more than one job or are married and you and your spouse both work and the complete all	biood
	 If you are single and have more than one job or are married and you and your spouse both work and the common worksheets If you are single and have more than one job or are married and you and your spouse both work and the common worksheets If you are single and have more than one job or are married and you and your spouse both work and the common worksheets 	
	that apply. avoid having too little tax withheld.	
	 If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	

W-4, Lines 1-10

- Employee should complete and sign this worksheet referring to the instructions as needed.
 - Please Note: If you complete block 7, no taxes will be withheld.

	W-4 nent of the Treasury Revenue Service	➤ Whether you are enti	e's Withholding led to claim a certain numb e IRS. Your employer may b	er of allowances	or exemption from wit	hholding is	OMB No. 1545-0074
1	Your first name	and middle initial	l ast name			2 Your social	security number
	Home address (number and street or rural route)			Married Marrie	,	higher Single rate.
	City or town, sta	ite, and ZIP code		4 If your last n	ame differs from that s You must call 1-800-7	shown on your so	cial security card,
5	Total number	of allowances you are clai	ming (from line H above	or from the app	olicable worksheet o	on page 2)	5
6	Additional am	ount, if any, you want with	held from each payched	k			6 \$
7	I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.						
	If you meet be	oth conditions, write "Exen	npt" here			7	
Emplo	yee's signature	jury, I declare that I have exa e unless you sign it.) ▶	mined this certificate and	I, to the best of n	ny knowledge and be	elief, it is true, co	prrect, and complete.
В	Employer's nam	e and address (Employer: Comp	lete lines 8 and 10 only if sen	iding to the IRS.)	9 Office code (optional)	10 Employer id	lentification number (FIN)
For P	rivacy Act and F	Paperwork Reduction Act N	lotice, see page 2.		Cat. No. 10220Q		Form W-4 (2012)

Form WH-4 County Withholding

	employer's records. Do not se he completed form should be r	nd this form to the Departmen	nt of Revenue.			
Full Name		Social Security Number	er or ITIN			
Home Address	ress City State Zip					
Indiana County of Residence as of Jan	uary 1:		(See instructions)			
Indiana County of Principal Employmer	it as of January 1:		(See instructions)			
	How to Claim Your Withh	olding Exemptions				
You are entitled to one exemption. If you wish Nonresident aliens must skip lines 2 through		°1"				
2. If you are married and your spouse does not o	claim his/her exemption, you r	nay claim it, enter "1"				
3. You are allowed one (1) exemption for each d	ependent. Enter number clain	ned				
4. Additional exemptions are allowed if: (a) you	and/or your spouse are over f	the age of 65 and/or				
(b) if yo	u and/or your spouse are lega	ally blind.				
Check box(es) for additional exemptions: You Enter the total number of boxes checked						
5. Add lines 1, 2, 3, and 4. Enter the total here			>			
6. You are entitled to claim an additional exempt						
7. Enter the amount of additional state withholding	ng (if any) you want withheld e	each pay period	\$			
8. Enter the amount of additional county withhold	ding (if any) you want withheld	l each pay period	\$			
I hereby declare that to the best of my knowle	dge the above statements are	e true.				
Signature:			Date:			

State of Indiana

Employee's Withholding Evenntion and County Status Certificate

Complete Form WH-4 so your employer can withhold the correct state & county income tax from your pay.

Form WH-4 County Withholding cont.

If you were not employed or not a Indiana resident—for county of residence, fill in with "not applicable (n/a)" as show in the instructions below as of Jan. 1st

Form WH-4 State Form 48845 (R2 / 8-08) State Form 48845 This form is for the employer's records. Do not send this form to the Department of Revenue. The completed form should be returned to your employer.				
Full Name		Social Security Number or ITIN		
Home Address	City	State Zip Cod	le	
	f Residence as of January 1: f Principal Employment as of January 1:		ŕ	

Instructions for Completing Form WH-4

This form should be completed by all resident and nonresident employees having income subject to Indiana state and/or county income tax.

Print or type your full name, Social Security number or ITIN and home address. Enter your Indiana county of residence and county of principal employment as of January 1 of the current year. If you did not live or work in Indiana on January 1 of the current year, enter "not applicable" on the line(s). If you move to (or work in) another county after January 1, your county status will not change until the next calendar tax year.

Payroll Direct Deposit

State Form 43591 (R9 / 1-05)
Approved by State Board of Accounts, 2004

AUDITOR OF STATE PAYROLL DIRECT DEPOSIT



INFORMATION AND INSTRUCTIONS:

- You may elect up to two (2) direct deposit accounts and must have a primary direct deposit account in order to have a secondary direct deposit account.
- 2. If you choose to only have one (1) direct deposit account then you will only need to fill out the PRIMARY DIRECT DEPOSIT form below.
- If you choose to have two (2) direct deposit accounts you will need to fill out both the primary and secondary forms and you must enter either a dollar amount or a percentage on the secondary direct deposit form.
- If you already have a primary direct deposit account on file with the Auditor's Office, then you only need to complete the secondary direct deposit form.
- 5. Fill out the employee's portion, attach a voided check, or have your financial institution fill out its portion.
- Check the type of account checking or savings.
- 7. Sign and date the form(s) and return the entire sheet to: Auditor of State, 200 W. Washington St., Rm. 144, Indianapolis, IN 46204.
- In the event that you already have a second direct deposit and are <u>only</u> changing the dollar or percentage amount, it is not necessary for the financial institution to sign this form.

RIMA	RY D	RECT	EPOSII
	fi	date letter	

lame (last, first, middle initial)				C	neck one	Agency name or level 2	
					☐ Add	Change	
Address (number and street, city, state, ZIF	code)						Social Security Number
THIS SECTION IS TO BE F	ILLED IN BY T	HE FINANC	CIAL INSTI	TUTION IN	WHICH TH	E EMPLOYEE'S	S ACCOUNT IS LOCATED.
NOTE: The Financial Institution must be a	member of the Auto	mated Clearin	ng House Sys	tem and must t	e able to har	dle direct deposits t	ov electronic transfer.
ABA transit-routing number (9 digits)	Employee's d	lepository acco	ount number			Type of account (c	
						Checki	ng Savings
Name of financial institution			Address of fi	nancial instituti	on (city, state	, ZIP code)	
Signature of officer Title of officer					Date signed (mont	h, day, year)	
				ND SIGNED			
I hereby authorize the Auditor of S account descrit						my net pay to b	
Signature of employee						Date signed (mont	h, day, year)
SECONDARY DIRECT DEPO	OSIT				CI	neck one	Agency name or level 2
					Add Add	Change	
Address (number and street, city, state, ZIP	code)			Amount \$	or	Percent %	Social Security Number
THIS SECTION IS TO BE FI	LLED IN BY TI	HE FINANC	CIAL INSTI	TUTION IN	WHICH TH	E EMPLOYEE'S	ACCOUNT IS LOCATED.
NOTE: The Financial Institution must be a n	nomber of the Auto	mated Classic	a Hausa Cum	tom and must b	o able to bee	dio direct deposits i	ni oleatoraja torrada
ABA transit-routing number (9 digits)	Employee's de			iem and must c	e able to flan	Type of account (cl	
						☐ Checki	ng Savings
Name of financial institution			Address of fi	nancial institution	on (city, state,	ZIP code)	
Signature of officer		Title of officer				Date signed (monti	h, day, year)
	THIS SECT	ION TO BE	READ AN	ID SIGNED	BY THE E	MPLOYEE	
I hereby authorize the Auditor of transferred to my account	State to deduc	t from my p	ay each pa	ayday the am	nount or pe	rcent indicated o	
Signature of employee			- Suo ino C	onaniono pii		Date signed (month	

• You may elect up to two (2) accounts for direct deposit.

Persons electing two
 (2) accounts must fill in the Primary and Secondary Direct Deposit sections.

Three Ways to Complete Payroll Direct Deposit:

1. Submit a voided check



- 2. Have your financial intuition complete bank account information in Section 1
- 3. Elect not to sign the Payroll Direct deposit form, and your paycheck will put onto a Visa bank card

If you have a voided check...

Only fill out the top portion(highlighted below) of the direct deposit sheet ONLY!

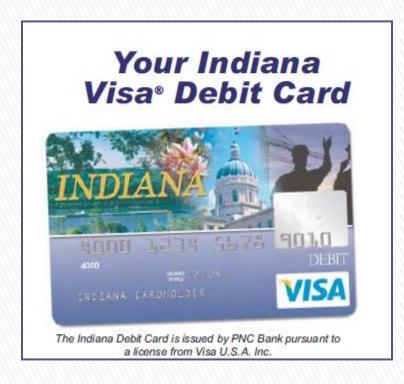
Name (last, first, middle initial)		Check one	Agency name or level 2
		Add Chang	je
Address (number and street, city, state, and ZII	code)	<u> </u>	Social Security Number
THIS SECTION IS TO BE FI	LED IN BY THE FINANCIAL INSTITU	TION IN WHICH THE EMPLO	DYEE'S ACCOUNT IS LOCATED.
NOTE: The Financial Institution must be a m	ember of the Automated Clearing House System	and must be able to handle direct dep	posits by electronic transfer.
ABA transit-routing number (9 digits)	Employee's depository account number	Type of acco	ount (check one)
			Checking Savings
Name of financial institution	Address of financial	institution (city, state, and ZIP code)	
Signature of officer	Title of officer	Date signed	(month, day, year)
	THIS SECTION TO BE READ AND	SIGNED BY THE EMPLOYE	E
	o deduct from my pay each payday an amo	unt equal to my net pay to be ele	
Signature of employee		Date signed	(month, day, year)

If you do NOT have a check:

- Please have your bank fill out the highlighted section below.
- Remember to sign and date it when its completed

Name (last, first, middle initial)		Check one Add Chai	Agency name or level 2	
Address (number and street, city, state, and ZIP of	ode)		Social Security Number	
THIS SECTION IS TO BE FILL NOTE: The Financial Institution must be a mer			OYEE'S ACCOUNT IS LOCATED.	
ABA transit-routing number (9 digits)	Employee's depository account num	ber Type of ac	Type of account (check one) Checking Savings	
Name of financial institution	Address of finan	cial institution (city, state, and ZIP code)		
Signature of officer	Title of officer	Date signe	d (month, day, year)	
	THIS SECTION TO BE READ AN	ID SIGNED BY THE EMPLOY	EE	
I hereby authorize the Auditor of State to described above. I have read the conditi			ectronically transferred to my account	
Signature of employee			d (month, day, year)	

Other Payroll Option



www.EPPICard.com

- If you do not fill out the payroll form, your paycheck will be automatically deposited onto a personal card account.
- You will then be issued a Visa check card.

Thank You

Welcome to Indiana State Employment!

